



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Maze, et al.	§	Group Art Unit:	2171
Serial No:	10/021,521	§		
		§	Examiner:	LeRoux, E.
Filed:	October 29, 2001	§		
		§	Attorney Docket:	BS0001
For:	System And Method For The	§		
	Management Of Distributed	§		
	Personalized Information	§		

AMENDMENTS AND RESPONSE TO OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In response to the final Office Action dated October 3, 2005, please amend the above-identified application as shown below.

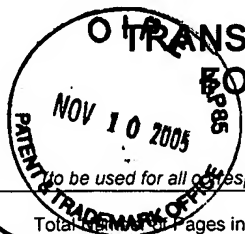
AF

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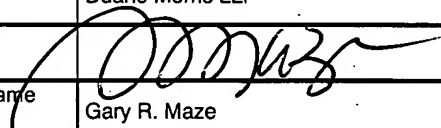
PTO/SB/21 (09-04)

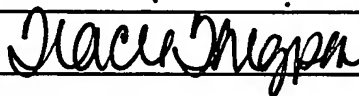
Approved for use through 07/31/2006. OMB 0651-0031
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 <p>No be used for all correspondence after initial filing)</p>	Application Number	10/021,521	
	Filing Date	10/29/2001	
	First Named Inventor	Gary R. Maze	
	Art Unit	2171	
	Examiner Name	E. LeRoux	
Total Number of Pages in This Submission	28	Attorney Docket Number	BS0001

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Acknowledgment Postcard
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Duane Morris LLP		
Signature			
Printed name	Gary R. Maze		
Date	11/08/2005	Reg. No.	42,851

CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name	Tracie Thigpen	Date	11/08/2005

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